

# Health and Family Planning Overview

## ETHIOPIA



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Population:	67.7 million (BUCEN 2002)
Infant Mortality Rate:	97 (DHS 2000)
DPT3 Coverage:	20.7%, children 12–23 mos. (DHS 2000)
Nutrition:	51.2% stunting, children 0–59 mos. (DHS 2000)
Total Fertility Rate:	5.7, women 15–44; 5.9, women 15–49 (DHS 2000)
Maternal Mortality Ratio:	871 (DHS 2000)
Contraceptive Prevalence Rate:	6.0%, men and women, modern methods (DHS 2000)
Adult HIV Prevalence:	7.3% (MOH 2000); 6.4% (UNAIDS 2001)
Cumulative Orphans:	990,000 (UNAIDS 2001)
Demographic and Health Surveys:	2000
Multi-Indicator Cluster Surveys:	1995

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### Country Profile

In 1991, the Ethiopian People's Revolutionary Democratic Front toppled a socialist regime in power since 1974. A constitution was adopted in 1994. Multiparty elections were held in 1995, but a border war with Eritrea from 1998 to 2000 set back the nation's progress. The war forced the government to spend scarce resources on the military and, as foreign investment declined, scale back ambitious development plans. Taxes imposed in 1999 to raise money for the war depressed an already weak economy, and the war and a lack of rainfall displaced a large portion of the largely pastoral population. The 2000 peace agreement with Eritrea re-energized donor efforts to restore the potential for long-term social and economic growth. The government and donors are reforming food security policies, and agriculture production is increasing despite the lasting effects of the war and now-ended drought.

**HIV/AIDS in Ethiopia.** Ethiopia has an HIV adult prevalence rate of 6 to 7 percent, according to recent Ministry of Health and UNAIDS estimates. Numerous indicators attest to the impact of HIV/AIDS on Ethiopian society and economic life. Infant mortality is estimated to have increased by 7 percent from 1995 to 2000. Mortality among young adults is predicted to double by 2014, and average life expectancy is expected to drop to 42 years by 2010. Recovering from the economic and social burdens of HIV/AIDS is one of the country's major challenges, and Ethiopia's president has pledged to mobilize resources to fight the epidemic.

### USAID Strategy

USAID/Ethiopia has adopted an Integrated Strategic Plan that emphasizes multisectoral programming, especially for nutrition and HIV activities, across the plan's Strategic Objectives. USAID/Ethiopia remains committed to Ethiopian civil society, decentralization, primary education, essential health care services, and partnerships with Ethiopian nongovernmental organizations (NGOs). The Mission strives to expand access to and use of quality services for prevention and control of HIV/AIDS and other sexually transmitted infections (STIs), to increase access to and demand for modern contraceptives, and to increase resources for primary and preventive health care. The Mission also has a 20-year goal of contributing to the government's efforts to reduce high levels of chronic food insecurity. Title II food aid programs will be integrated across the board in different sectors under the Integrated Strategic Plan.

**Strategic Objective:** Improved family health

#### Intermediate Results:

- Increased use of high-impact child survival interventions, including nutrition, in focus regions
- Increased use nationally of select high-impact reproductive health interventions, including maternal nutrition
- Reduced impact of HIV/AIDS and selected infectious diseases in urban and peri-urban areas
- Improved health sector resources and systems nationally



## Major Program Areas

**HIV/AIDS.** To prevent new HIV infections, Ethiopia's multisectoral AIDS control program focuses on increasing condom use and delayed initiation of sexual activity. USAID activities include social marketing, mass media campaigns, and community-based education to promote awareness and risk reduction among target groups. Community-based activities use traditional healers, religious groups, trade groups, and youth theater to mobilize efforts targeting groups such as sex workers, young adults, truck drivers, and migrant workers. USAID also supports initiating workplace policies and interventions in border areas to promote behavior change. The national AIDS policy promotes the acceptance and continuation of prevention behaviors and supports the integration of disease surveillance with Ministry of Health activities. Activities to provide material, psychological, and spiritual care and support to persons and families affected by HIV/AIDS use local NGOs for identification and outreach, and link testing and counseling at pilot clinics to community care and support centers. Current and future programs will focus on strengthening public and NGO capacity and participation; integrating STI/HIV/AIDS prevention and control into reproductive health programs at the local and national levels; and promoting a nationwide family life education curriculum and policy dialogue.

**Health and Family Planning.** To help Ethiopia in its commitment to health care financing (HCF) strategies, the Mission supports cost-recovery practices and private sector investments and insurance programs. A USAID-funded "willingness to pay" study stimulated the interest in addressing service delivery and financing constraints. With USAID assistance, a HCF Secretariat is now functional, and USAID has helped revise licensing guidelines for private providers. The Mission also supports health management information systems (HMIS) and integration of disease surveillance with regional efforts. Tuberculosis activities focus on integrated surveillance, regional epidemic prevention, and treatments such as the directly observed, short-course strategy in target districts. The Mission supports national immunization days (NIDs) for polio and, through a grant to WHO, routine immunization services. Through UNICEF, micronutrient programs (especially salt fortification) are being revitalized, and NIDs campaigns distribute vitamin A. Implementation of the Integrated Management to Childhood Illness strategy is addressing diarrheal diseases among children, nutrition, and home use of unprotected water. In family planning and reproductive health, the Mission supports expanded social marketing, expanded method mix, improved policy dialogue, and activities to address adolescent reproductive health. The Mission also provides management and logistics support for improving service delivery by NGOs and the public sector. Activities in maternal health support post-abortion care, vitamin A and iron-folate supplementation, and nutrition education and counseling for pregnant and lactating women.

## Results

- In USAID focus areas, contraceptive prevalence for modern methods was 38 percent, vs. 6.3 percent nationally.
- Family planning services reached 500,000 people, of whom more than 95,000 were new acceptors.
- In FY 2001, the social marketing program sold nearly 49 million condoms and 1.2 million oral contraceptives.
- Almost 14 million children were vaccinated against polio in FY 2001, compared to 11 million in FY 2000.
- USAID financed the distribution of vitamin A supplements to more than 500,000 children in 10 focus districts.
- In project areas, stunting among children under 5 dropped from 61.1 to 39.5 percent between FYs 1997 and 2001.
- USAID is leading efforts to monitor and evaluate HIV/AIDS through data collection and behavioral surveillance.
- USAID provided capacity-building support to 25 local NGOs helping over 21,000 children affected by AIDS.
- USAID financed three workshops on alternative financing mechanisms for health service delivery.
- USAID provided HMIS equipment and training to 40 district health offices in six focus zones and refresher training to 606 front-line workers.

## Major Implementing Partners

USAID/Ethiopia's partners in implementing population, health, and nutrition activities include Population Services International, Johns Hopkins University/Population Communication Services, the Futures Group International, Pathfinder International, Family Health International, WHO, UNICEF, CDC, Consortium of Family Planning NGOs in Ethiopia, Save the Children, the CORE group, Catholic Relief Services, the Carter Center, and John Snow, Inc.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).

July 2002